

1. CIR./DIST./DIV. CODE MAX		2. PERSON REPRESENTED Ben-Mrad, Ouajdi		VOUCHER NUMBER																																																																																																																										
3. MAG. DKT./DEF. NUMBER 1:04-001639-001		4. DIST. DKT./DEF. NUMBER	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER																																																																																																																									
7. IN CASE/MATTER OF (Case Name) U.S. v. Ben-Mrad		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Criminal Case																																																																																																																									
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1029A.F -- PRODUCES/TRAFFICS IN COUNTERFEIT DEVICE																																																																																																																														
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS Fernandez, Francisco J. 4 Longfellow Place Suite 3501-06 Boston MA 02114  Telephone Number: (617) 393-0250			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) <u>Dr. B. Roland</u> Signature of Presiding Judicial Officer or By Order of the Court 02/13/2004 Date of Order _____ Nunc Pro Tunc Date _____ Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																											
14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions)																																																																																																																														
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